

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 09/12/2021 14:33 (SGT) Date of Accident 08/12/2021 18:30 (SGT) Exact Location of Accident Near Benoi Rd, Singapore Additional Location Information ALONG BENOI ROAD, BEFORE JALAN AHMAD IBRAHIM Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SLQ5904C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ABU BAKAR BIN YUSOFF NRIC No. SXXXX276B Email Address MFAKHRULLAH91@GMAIL.COM Mobile Phone No (Phone) +65-85696145 Alternative Phone No (Home) +65-85696145

VEHICLE PARTICULARS

Manufacturer Toyota Model Picnic Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Private car Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company **ECICS Limited** Type of Coverage Comprehensive Fleet Policy Policy Number MPC21P00199000

Cover Note Number

DRIVER

Name of Driver MUHAMMAD FAKHRULLAH BIN ABU BAKAR NRIC No. SXXXX344Z

Date Of Birth 14/07/1991 Occupation Indoor Date Of Driving Pass 22/10/2010 Driving experience 11 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-85696145 Alt. Phone Number Email Address MFAKHRULLAH91@GMAIL.COM Address BLK 324 WOODLANDS STREET 32 #04-173 Address complement Postcode 730324 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	XD797D
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	_

Postcode	-
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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- By the loggement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesed.
- Consent under the Personal Data Protection Act (PDPA)
- Enderstand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use disclose and/or procuss my bersonal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident shall be tolectively referred to as the "Insurers", the insurers law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

ill processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.

- In investigating the accident and/or my clams.
- arrying out and/or dealing with my instructions or responding to any enquiries by me,
- w) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve discussive of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mes packages | and/or
- the correlying with applicable law in administering, processing, handling and/or dealing with my claims
- collectively the Purposes I
- is all insurer is a no have insured vehicles; involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect.

 Lise, disclose and or process my Personal Information for one or more of the above Purposes; and
- including their law versitaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policynolizer's Signature / Date & Driver's Signature of driver is not the policyholder) / Date & Time Sketch Plan

Vehicle A: SLA5904 C

Vehicle B: XD797D

Witnessed by Reporting Centre Personnel

Vehicle A: SLA5904 C

Vehicle B: XD797D

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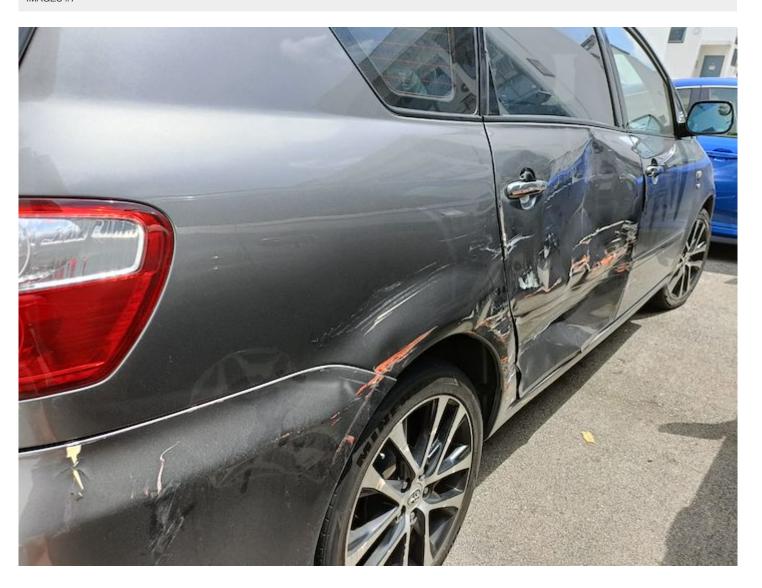


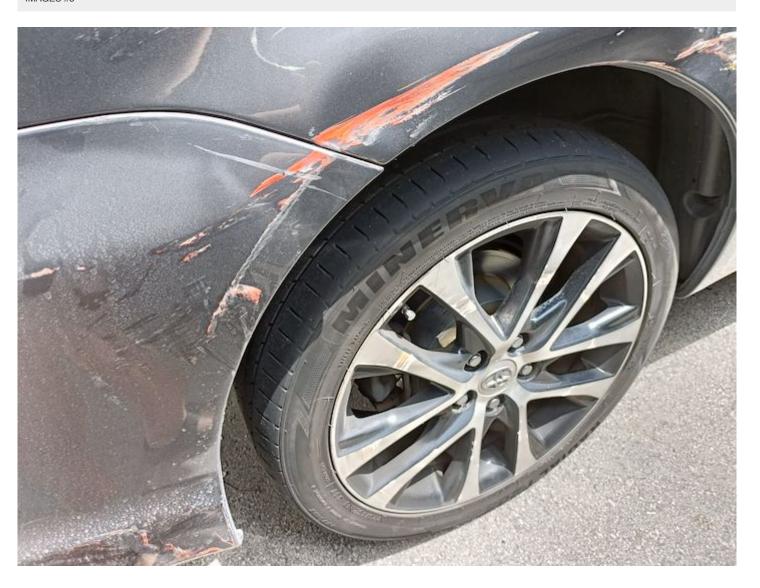


















CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Road Transport (Amendment) Act, 2019 (Malaysia)

SGDRIVERS PROTECTOR PLAN

MZ300 COMPREHENSIVE ORIGINAL

CERTIFICATE NO: MPC21P00199000 Chassis No. JTEGH23B000026996
AGENCY NAME: SGDrivers Pte Ltd Engine No. 1AZH366517

AGENCY CODE: A0000069

Index Mark and Registration Number of Vehicle: SLQ5904C

2.Name of Policyholder: ABU BAKAR BIN YUSOFF

3.Period of Insurance (both dates inclusive): 30-09-2021 to 29-09-2022

4.Persons or Classes of Persons entitled to drive

a) The Policyholder and all Named Drivers declared under the policy

b) Any other person who is driving on the Policyholder's order or with his permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

5.Limitations as to use

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Mctor Trade.

6. EXCESS APPLICABLE

WINDSCREEN SGD 100.00
SECTION I - INSURED/NAMED DRIVER SGD 500.00
ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:
SECTION I - UNNAMED DRIVERS SGD 500.00
SECTION I - AGE<27, AGE>70 OR DRIVING EXP<2 YEARS OLD SGD 3,000.00

7. Hire Purchase: HONG LEONG FINANCE LIMITED

Signed for and on behalf of ECICS Limited

AUTHORISED SIGNATORY

Important Notice:

- Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- ii. On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- iii. The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- iv. The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

A0000069 / jasmine.poh@sgdrivers.com.sg / MPC21P00199000 / 20-09-2021 1:01:58 PM